



# CMS BEHAVIORAL HEALTH STRATEGY

The Centers for Medicare & Medicaid Services (CMS) is embarking on a multi-faceted approach to increase and enhance access to equitable and high-quality behavioral health services and improve outcomes for people covered by traditional Medicare, Medicare Advantage, Medicaid, the Children’s Health Insurance Program (CHIP), and private health insurance.

The CMS Behavioral Health Strategy covers multiple elements including access to prevention and treatment services for substance use disorders, mental health services, crisis intervention, and pain care. The Strategy further enables care that is well-coordinated and effectively integrated.

The CMS Behavioral Health Strategy also seeks to remove barriers to care and services, and to adopt a data-informed approach to evaluate our behavioral health programs and policies. The CMS Behavioral Health Strategy will strive to support a person’s whole emotional and mental well-being and promotes person-centered behavioral health care.

## THIS STRATEGY

- Consists of five bold and Interrelated goals:
  - Strengthen quality and equity in behavioral health care
  - Improve access to substance use disorder (SUD) prevention, treatment and recovery services
  - Ensure effective pain treatment and management
  - Improve access to and quality of mental health care and services
  - Utilize data to inform effective actions and measure impact on behavioral health
- Aims to reduce disparities in health and health care among individuals CMS serves
- Focuses on improving quality measurement in behavioral health and pain management across CMS programs
- Seeks to identify and address barriers that impede access by people with or at risk of substance use disorders to evidence-based treatment and recovery services for better detection, diagnosis and management of such conditions

- Strives to improve the care experience for individuals with acute and chronic pain
- Creates opportunities for improved access to crisis intervention and community-based mental health resources and increased detection, effective management and/or recovery of mental health conditions
- Utilizes data to enhance access to equitable and high-quality care and services

## OUR ACTIONS

- CMS will contribute to the [President's Strategy to Address Our National Mental Health Crisis](#) released in March 2022 in support of the behavioral health needs of Medicare, Medicaid, CHIP, and Marketplace beneficiaries and consumers. In support of these efforts, CMS will:
- **Expand and strengthen parity.** The 2008 Mental Health Parity and Addiction Equity Act called for mental health care benefits to be covered at the same level as physical health care benefits. The President's fiscal year 2023 (FY23) budget proposed that all health plans cover robust behavioral health services with an adequate network of providers, including three behavioral health visits each year without cost-sharing, and also proposed to extend the Parity law to Medicare.
- **Integrate mental health and substance use treatment into primary care settings.** CMS will test payment models that support the delivery of whole-person care through behavioral health integration and authorize Medicaid reimbursement of inter-professional consultations so that primary care providers can consult with a specialist and provide needed care for patients.
- **Expand access to mental health support in schools.** CMS will work with states and local education agencies to make it easier for school-based mental health professionals to seek reimbursement from Medicaid.
- CMS released two data highlights in January 2022 to further advance health equity and address disparities in opioid use disorder treatment: [Access to Medication for Opioid Use Disorder \(MOUD\) Among Medicare Fee-for-Service Beneficiaries: Influence of CARES Act Implementation \(2020\)](#), which looks at access to medication treatment for Medicare beneficiaries diagnosed with opioid use disorder before and after COVID-19 telehealth expansion and [Changes in Access to Medication Treatment during COVID-19 Telehealth Expansion and Disparities in Telehealth Use for Medicare Beneficiaries with Opioid Use Disorder](#), which compares access to medication treatment for Medicare beneficiaries diagnosed with opioid use disorder before and after telehealth expansion under the CARES Act was implemented.
- CMS is making a state option available for states to provide [community-based mobile crisis intervention services](#) for people with Medicaid, helping states integrate these services into their Medicaid programs - a critical component in establishing a sustainable and public health-

focused support network. In September 2021, CMS awarded \$15 million in planning grants to 20 states to support development of these mobile crisis intervention services.

- CMS’s Innovation Center is testing innovative models to improve behavioral health care and improve quality while reducing cost, including the [Integrated Care for Kids Model](#), launched in January 2020, which aims to meet physical and behavioral health needs in children, and the [Value in Treatment Demonstration](#) implemented in April 2021 to increase access to opioid use disorder (OUD) services and improve health outcomes in people with OUD.
- CMS will build on efforts to expand access to behavioral health care at every opportunity. For people with Medicare utilizing [Opioid Treatment Programs](#), CMS has amended its regulations for 2022 to provide that Medicare will continue to pay for counseling and therapy provided by audio-only interaction (such as telephone calls) after the COVID-19 public health emergency ends in cases where audio/video communication isn’t available, including circumstances when the person can’t or won’t agree to the use of two-way audio/video.
- CMS established a new code effective January 2022 for a higher dose of naloxone hydrochloride nasal spray in response to the increase in overdoses from illicit fentanyl, which can require a more potent overdose reversal drug for recovery.
- CMS is leading quality measurement to drive health systems, providers, practices and clinicians toward delivery of high value care for people covered by Medicare, Medicaid and the Marketplace. This includes the CMS-released “Opioids and Opioid Use Disorder: Quality Measurement Priorities” [Final Report](#) released in February 2020 that summarizes National Quality Forum-convened technical experts’ consideration of issues related to acute and chronic pain management and substance use disorders (per SUPPORT Act section 6093).
- CMS submitted a [Report to Congress](#), “Summary of Review and Recommendations for the Medicare and Medicaid Programs to Prevent Opioid Addictions and Enhance Access to Medication-Assisted Treatment,” along with a “CMS [Action Plan](#) to Enhance Prevention and Treatment for Opioid Use Disorder,” in 2021 per the SUPPORT Act 6032.
- CMS released the third annual Transformed Medicaid Statistical Information System (T-MSIS) [Substance Use Disorder \(SUD\) Data Book](#) in January 2022 with data on Medicaid beneficiaries treated for any SUD, and the services they received, per the SUPPORT Act 1015. An [interactive T-MSIS SUD Data Book data analytics interactive tool](#) has static display of information in the SUD Data Book.